

DOCKET FILE COPY ORIGINAL

02-179

FCC 601
Main FormFCC Application for Wireless
Telecommunications Bureau
Radio Service AuthorizationApproved by OMB
3060 - 0798
See instructions for
public burden estimateSubmitted 11/05/2001
at 01:00PMFile Number:
0000663272

1) Radio Service Code: AF	1a) Existing Radio Service Code:
2) Application Purpose: New	
3a) If this request is for a <u>Developmental License</u> , <u>Demonstration License</u> , or a <u>Special Temporary Authorization (STA)</u> , enter the code and attach the required exhibit as described in the instructions. Otherwise enter <u>N</u> (Not Applicable).	(<input checked="" type="checkbox"/>) N <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> N/A
3b) If this request is for Special Temporary Authority due to an emergency situation, enter 'Y'; otherwise enter 'N'. Refer to Rule 1.915 for an explanation of situations considered to be an emergency.	(<input type="checkbox"/>) Yes <input checked="" type="checkbox"/> No
4) If this request is for an Amendment or Withdrawal, enter the file number of the pending application currently on file with the FCC.	File Number:
5) If this request is for a Modification, Renewal Only, Renewal/Modification, Cancellation of License, Consolidate Call Signs, Duplicate License, or Administrative Update, enter the call sign of the existing FCC license.	Call Sign:
6) If this request is for a New, Amendment, Renewal Only, or Renewal/Modification, enter the requested authorization expiration date (this item is optional).	
7) Is this request "major" as defined in Section 1.929 of the Commission's Rules when read in conjunction with the applicable radio service rules found in Parts 22 and 90 of the Commission's Rules? (NOTE: This question only applies to certain site-specific applications. See the instructions for applicability and full text of Section 1.929)	(<input type="checkbox"/>) Yes <input checked="" type="checkbox"/> No
8a) Does this filing request a Waiver of the Commission's Rules? If 'Yes', attach an exhibit providing the rule numbers and expanding circumstances.	(<input checked="" type="checkbox"/>) N <input type="checkbox"/> Yes <input type="checkbox"/> No
8b) If a feeable waiver request is attached, multiply the number of stations (call signs) times the number of rule sections and enter the result.	
8c) Are the frequencies or parameters requested in this filing covered by grandfathered privileges, previously approved by waiver, or functionally integrated with an existing station?	(<input checked="" type="checkbox"/>) N <input type="checkbox"/> Yes <input type="checkbox"/> No
9) Are attachments being filed with this application?	(<input checked="" type="checkbox"/>) Y <input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant Information

10a) Taxpayer Identification Number: L00011949	10b) SGIN: fb2	10c) FCC Registration Number (FRN): 0004537866
11) Licensee is a(n): Governmental Entity		
12) First Name (if individual):	MI:	Last Name:
13) Entity Name (if other than individual): Kootenai County Coeur d'Alene Airport		
14) Name of Real Party in Interest of Applicant:		
15) Taxpayer Identification Number:		
16) Attention To: GREG DELAVAN		
17) P.O. Box:	And/Or	18) Street Address: 11287 AIRPORT DRIVE BLDG 27
19) City: Hayden	20) State: ID	21) Zip: 83835
22) Telephone Number: (208)772-7838		23) FAX: (208)762-3095
24) E-Mail Address: kcair@co.kootenai.id.us		

Contact Information (If different than applicant)

25) First Name:	MI:	Last Name:	Suffix:
26) Entity Name:			
27) P.O. Box:	And/Or	28) Street Address:	
29) City:	30) State:	31) Zip:	
32) Telephone Number:		33) FAX:	
34) E-Mail Address:			

Regulatory Status

35) This filing is for authorization to provide or use the following type(s) of radio service offering (enter all that apply):	<input type="checkbox"/> Common Carrier <input type="checkbox"/> Non-Common Carrier <input checked="" type="checkbox"/> Private, internal communications <input type="checkbox"/> Broadcast Services <input type="checkbox"/> Band Manager
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Type of Radio Service

36) This filing is for authorization to provide the following type(s) of radio service (enter all that apply):	<input checked="" type="checkbox"/> Fixed <input type="checkbox"/> Mobile <input type="checkbox"/> Radiolocation <input type="checkbox"/> Satellite (sound) <input type="checkbox"/> Broadcast Services
37) Interconnected Service? (<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No)	

Fee Status

38) Is the Applicant exempt from FCC application fees?	(<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No)
39) Is the Applicant exempt from FCC regulatory fees?	(<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No)

Alien Ownership Questions (If any answer is Yes, attach exhibit explaining circumstances.)

40) Is the applicant a foreign government or the representative of any foreign government?	(<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No)
41) Is the applicant an alien or the representative of an alien?	(<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No)
42) Is the applicant a corporation organized under the laws of any foreign government?	(<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No)
43) Is the applicant a corporation of which more than one-fifth of the capital stock is owned of record or voted by aliens or their representatives or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country?	(<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No)
44) Is the applicant directly or indirectly controlled by any other corporation of which more than one-fourth of the capital stock is owned of record or voted by aliens, their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country?	(<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No)

Basic Qualification Questions (If any answer is Yes, attach exhibit explaining circumstances.)

45) Has the applicant or any party to this application or amendment had any FCC station authorization, license, or construction permit revoked or had any application for an initial, modification or renewal of FCC station authorization, license, construction permit denied by the Commission?	(<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No)
46) Has the applicant or any party to this application or amendment, or any party directly or indirectly controlling the applicant, ever been convicted of a felony by any state or federal court?	(<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No)
47) Has any court finally adjudged the applicant or any party directly or indirectly controlling the applicant guilty of unlawfully monopolizing or attempting unlawfully to monopolize radio communication, directly or indirectly, through control of manufacture or sale of radio apparatus, exclusive traffic arrangement, or any other means or unfair methods of competition?	(<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No)
48) Is the applicant or any party directly or indirectly controlling the applicant, currently a party in any pending matter referred to in the preceding two items?	(<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No)

Aeronautical Advisory Station (Unicom) Certification

49) (X) I certify that the station will be located on property of the airport to be served, and, in cases where the airport does not have a control tower, RCO, or FAA flight service station, that I have notified the owner of the airport and all aviation service organizations located at the airport within ten days prior to application.

50) Race, Ethnicity, Gender of Applicant/Licensee (Optional)

Race:	American Indian or Alaska Native:	Asian:	Black or African-American:	Native Hawaiian or Other Pacific Islander:	White:
Ethnicity:	Hispanic or Latino:	Not Hispanic or Latino:			
Gender:	Female:	Male:			

General Certification Statements

1) The applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and requests an authorization in accordance with this application.

2) The applicant certifies that grant of this application would not cause the applicant to be in violation of any pertinent cross-ownership, attribution, or spectrum cap rule.*

*If the applicant has sought a waiver of any such rule in connection with this application, it may make this certification subject to the outcome of the waiver request.

3) The applicant certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.

4) The applicant certifies that neither the applicant nor any other party to the application is subject to a denial of Federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in services exempted under Section 1.2002(c) of the rules, 47 CFR § 1.2002(c). See Section 1.2002(b) of the rules, 47 CFR § 1.2002(b) for the definition of 'party to the application' as used in this certification.

5) The applicant certifies that it either (1) has current Form 602 on file with the Commission, (2) is filing an update Form 602 simultaneously with this application, or (3) is not required to file Form 602 under the Commission's Rules.

6) The applicant certifies that the facilities, operations, and transmitters for which this authorization is hereby requested are either: (1) categorically excluded from routine environmental evaluation for RF exposure as set forth in 47 C.F.R. § 1.1307(b); or, (2) have been found not to cause human exposure to levels of radiofrequency radiation in excess of the limits specified in 47 C.F.R. §§ 1.1310 and 2.1093; or, (3) are the subject of one or more Environmental Assessments filed with the Commission.

Signature

51) Typed or Printed Name of Party Authorized to Sign

First Name: **GREG** MI: **K** Last Name: **DELAN** Suffix:

52) Title: **AIRPORT MANAGER**

Signature: **GREG K DELAN**

53) Date: **11/05/01**

Failure To Sign This Application May Result In Dismissal Of The Application And Forfeiture Of Any Fees Paid

Upon grant of this license application, the licensee may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in termination of the license. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of license requested in this application.

WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, Section 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. Code, Title 47, § 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, § 503).

FCC 601
Schedule D

Wireless Telecommunications Services Schedule for
Station Locations and Antenna Structures

Approved by OMB
3060 - 0798
See 601 Main Form Instructions
for public burden estimate

1) Action Requested: (A) Add Mod Del		2) Location Number: 1	
3) Location Description Code: F Fixed		4) Area of Operation Code:	
5) Location Name:			
6) FCC Antenna Structure Registration # or N/A (FAA Notification not Required): N/A			
7) Latitude (DD-MM-SS.S): 47-46-27.0		8) Longitude (DDD-MM-SS.S): 116-49-8.0	
NAD83 (N)N or S		NAD83 (W)E or W	
9) Street Address, Name of Landing Area, or Other Location Description: COEUR D ALENE AIRPORT			
10) City: HAYDEN		11) State: ID	
12) County: KOOTENAI			
13) Elevation of Site AMSL (meters) ('a' in antenna structure example): 706.5		14) Overall Ht AGL Without Appurtenances (meters) ('b' in antenna structure example): 7.0	
15) Overall Ht AGL With Appurtenances (meters) ('c' in antenna structure example): 10.0			
16) Support Structure Type: B - Building			
17) Location Number: (only for Area of Operation Code 'A')		18) Radius (km):	
19) Airport Identifier: COE		20) Site Status:	
21) Maximum Latitude (DD-MM-SS.S): Use for rectangle only (Northwest corner)		22) Maximum Longitude (DDD-MM-SS.S): NAD83 Use for rectangle only (Northeast corner) (E)E or W	
NAD83 (N)N or S			
23) Do you propose to operate in an area that requires frequency coordination with Canada ?			()Yes No
24) Description: (only for Area of Operation Code 'O')			
25) Number of Units: () Hand Held () Mobile () Temporary Fixed () Aircraft () Itinerant			
26) Would a Commission grant of Authorization for this location be an action which may have a significant environmental effect? See Section 1.1307 of 47 CFR. If 'Yes', submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311.			(N)Yes No
27) If the proposed site is located in one of the quiet zones listed in Item 17 of the Instructions, provide the date (mm/dd/yy) the proper authority was notified:			

FCC 601 Schedule G	Technical Data Schedule for the Maritime and Aviation Services (Parts 80 and 87)	Approved by OMB 3060 - 0798 See 601 Main Form Instructions for public burden estimate
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1) Station Class:	FAA
2) For Ground only, will the service of the station be available to any aircraft desiring to use it?	(Y)Yes/No
3) For Coast only, will this station be open to Public Correspondence?	()Yes/No
4) For Aeronautical Radionavigation stations only, provide the Ground Station Identifier (if you have one):	
5) For Aeronautical Fixed stations only, provide the call sign of the associated Aeronautical Enroute Station:	

Control Point(s) (Other than at the transmitter)

6) Action A/M/D	7) Control Point Number	8) Location Street Address, City or Town, County, State	9) Telephone Number
A	1	11287 AIRPORT DRIVE, HAYDEN, KOOTENAI, ID	(208)772-7838

Antenna Information

10) Action: (A/M/D)	11) Location Number:	12) Antenna Number:	13) Antenna Gain (dBi)	14) Azimuth of Major Lobe —East of True North (if directional antenna used)	15) Antenna Ht to Tip (meters)	16) Transmission Line Loss	17) Half Power Beamwidth (degrees)	18) Receive Zone
A	1	1	0.0	360.0	10.0	3.0		

Frequency Information

A) All Station Classes complete except: Airport Control Tower/FAC (See Frequency Information part B).

19) Action: (A/M/D)	20) Location Number:	21) Antenna Number:	22a) Frequency (MHz)	23) Maximum Power Output (watts)	24) Proposed Hours of Operation	25) Operational Altitude	26) Emission Designators
A	1	1	00122.80000	10.000	-		6K00A3E

FAA Coordination Information

27) Applicants for a new or modified Aviation Support (121.950 MHz), Control Tower, RCO, Radionavigation Land, Radionavigation Land Test, or AWOS/ASOS must provide the following information:

FAA Regional Office Notified:

Date Notified:

B) Complete only if requested frequencies are for Airport Control Tower/FAC Station Class.

19) Action: (A/M/D)	20) Location Number:	21) Antenna Number:	22b) Frequency (MHz)	22c) Frequency Type L/G/E/O	23) Maximum Power Output (watts)	24) Proposed Hours of Operation	26) Emission Designators
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FAA Coordination Information

27) Applicants for a new or modified Aviation Support (121.950 MHz), Control Tower, RCO, Radionavigation Land, Radionavigation Land Test, or AWOS/ASOS must provide the following information:

FAA Regional Office Notified:

Date Notified:

International Registration Information - Additional Technical Information

28) Action: (A/M/D)	29) Location Number:	30) Antenna Number:	31) Frequency (MHz)	32) Azimuth (degrees)	33) Beamwidth (degree)	34) Polarization	35) Gain (dBi)
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Certifications

Private Coast station and Marine Utility station certification. Check all that apply.

I certify that I am:

☐ Seeking authorization in an area having a recognized frequency coordinating committee (Southern California Marine Radio Council, North Pacific Marine Radio Council) and the committee has endorsed the use of the frequency(ies) and location(s) requested.

☐ Regularly engaged in the operation, docking, direction, construction, repair, servicing or management of one or more commercial transport vessels or U.S., state or local government vessels; or, responsible for the operation, control, maintenance, or development of a harbor, port or waterway used by commercial transport vessels; or responsible for the operation of bridges, structures, or other installations that are part of, or directly related to, a harbor, port, or waterway when the operation of such facilities requires radio communications with vessels for safety or navigation.

☐ Engaged in furnishing a ship arrival and departure service; or, a corporation furnishing a nonprofit radio communication service to its parent corporation, a subsidiary of the parent, or its own subsidiary, where the party to be served is eligible for a private coast or marine utility station license; or, a nonprofit corporation or association organized to furnish a maritime mobile service solely to persons who operate one or more commercial transport vessels.

☐ A person controlling public mooring facilities; or, a yacht club with moorage facilities.

☐ A person servicing or supplying vessels other than commercial transport vessels; or, a nonprofit organization providing noncommercial communications to vessels other than commercial transport vessels.

Operational Fixed station certification.

☐ I certify that I am the licensee of a coast or ground station and no other suitable telecommunications facilities are available to satisfy coast or ground station requirement.

Maritime support station certification.

☐ I certify that I intend to use this authorization to train personnel associated with the maritime service, or to test, demonstrate, or maintain ship or coast radio equipment.

Aeronautical Fixed station certification.

☐ I certify that I am the licensee of an associated aeronautical enroute station and that adequate land line facilities are not available to fulfill this communications need.

Aeronautical Advisory station (Unicom) certification.

☐ I certify that the station will be located on the property of the airport to be served and, in cases where the airport does not have a control tower, RCO, or FAA flight service station, that I have notified the owner of the airport and all aviation service organizations located at the airport at least ten days prior to application.

Aeronautical Search and Rescue station certification.

☐ I certify that I am a governmental entity or private organization chartered to perform aeronautical search and rescue functions.

Flight Test station certification. Check all that apply.

I certify that I am:

☐ Applying for UHF frequencies and request use if them in support of a contract with the U.S. Government.

☐ A manufacturer of aircraft or major aircraft components.

☐ A parent corporation or its subsidiary if either corporation is a manufacturer of aircraft or major aircraft components.

☐ An educational institution or person primarily engaged in the design, development, modification, and flight test evaluation of aircraft or major aircraft components.

Aviation support station certification. Check all that apply.

I certify that I am:

☐ The operator of a flight school.

☐ An operator of lighter than air aircraft.

☐ Engaged in soaring or free ballooning.

☐ The operator of an airport or aviation service organization located on an airport.

Radio determination station certification. Check all that apply.

- ☐ The FAA is not prepared to render the service for which I am applying.
- ☐ I am engaged in the development, manufacture, or maintenance of aircraft radio navigation equipment.
- ☐ I intend to establish the proposed facility at an airport for the use of the public.
- ☐ I am engaged in the testing, manufacture, or design of ELTs or I train personnel in the operation and location of ELTs.

Civil Air Patrol station certification.

- ☐ I certify that I represent Wings or the Headquarters of the Civil Air Patrol.

Aeronautical Enroute/122.825 or 122.875 MHz Certification.

- ☐ I certify that this station will provide communications only to aircraft with a maximum capacity of up to 56 passengers or carrying up to 18,000 lbs of cargo.

Aeronautical Utility Mobile certification. Check all that apply.

- ☐ I certify that I have a need to routinely operate a ground vehicle on the airport movement area.
- ☐ I certify that I am the airport owner or operator, or a state or local governmental agency; or I have obtained permission from the airport owner/operator to operate a vehicle on the airport movement area.
- ☐ I certify that I have obtained an agreement from the air Traffic Manager of the airport control tower that approved the requested use of the local (tower) or RCO frequency.

The copy resulting from Print Preview is intended to be used as a reference copy only and MAY NOT be submitted to the FCC as an application for manual filing.

Attachment List

Attachment Type	Date	Description	Contents
Other	11/05/01	UNKEYABLE INFORMATION	0177043971436012896202648.pdf
Other	11/05/01	OTHER ATTACHMENT	0177043981436012896202648.pdf